large size with feebly resistant walls, determine a deleterious increase in pressure.

5. Despite the large number of patients who have seemed to be relieved as a result of the injections it is impossible to draw positive conclusions from the statistics, inasmuch as the observations have been for the greater part insufficient, and the subjects have been rarely followed after the conclusion of treatment.

6. Experiments as well as clinical facts do not permit conclusions as to the value of treatment. It seems practically proven that gelatin injected subcutaneously is absorbed, but it is not known whether it is absorbed as gelatin. Even if one assumed that it passes into the circulation without modification it would yet be necessary, in order to learn its therapeutic action, to study not only its immediate influences, but also its later effects, which are, perhaps, as a comparison with peptone would suggest, entirely different.

7. The study of the action of gelatin in subcutaneous injections is to be reconsidered from a clinical stand-point, and is as yet incomplete experimentally.

The Experimental Production of Hepatic Lesions of Splenic Origin.— CHAUFFARD and CASTAIGNE (*Arch. de méd. exp. et d'anat. path.*, 1901, xiii., 321) have made an interesting set of experiments demonstrating the possibility of the passage of various harmful and innocuous substances from the spleen to the liver, with subsequent localization in that organ and the production, sometimes, of pathological changes limited to the liver and spleen. These observations are of interest in connection with the recent studies of Collet and Gallavardin upon primary splenic tuberculosis with secondary hepatic involvement which have recently been referred to in this JOURNAL. They appear to have proved from an experimental stand-point (1) that solid particles introduced into the parenchyma of the spleen may reach the liver and become localized there; and (2) that tuberculosis limited to the liver may follow a primary localized splenic tuberculosis. By a series of experiments they were able to demonstrate the fact that, when injected into the splenic pulp, carmine reached the liver only after several days, while, when the injection is made into the splenic artery, the substance is to be found in the liver in twenty-four hours.

Three interesting series of experiments were made with intrasplenic inoculation of tuberculosis in guinea-pigs. In the first series six animals were inoculated with a culture of human tuberculosis and all killed inside of about two months. In all instances the lesions were purely splenic. In a second series six guinea-pigs were inoculated with tuberculous products from the spleen of a subject dead of general tuberculosis of extreme virulence. In all of these instances a more or less general tuberculosis developed. In a third series six guinea-pigs received an intrasplenic injection of several drops of a triturate of the tuberculous spleen of a guinea-pig dead of experimental tuberculosis. In practically all of these cases there were found, after one month to a month and a half, caseous tuberculosis of the spleen and fresh embryonal tuberculosis of the liver. In no case were any tuberculous lesions found elsewhere. They believe that these results show that, according to individual conditions of virulence of the bacilli, splenic tuberculosis may remain limited to this organ or extend to the liver in a strictly splenohepatic type, or, passing onward, become disseminated.

Nervous Complications and Sequelæ of Malarial Fever.—BUSQUET (*Rev. de méd.*, 1891, xxi., 441) reports the case of a patient who had four distinct attacks of malarial fever in three months, each of which was associated with interesting nervous phenomena. In November, 1897, the patient, while in Madagascar, had a pernicious comatose paroxysm. After his recovery he began to suffer from girdle pains, which, however, yielded to treatment with quinine. In January, 1898, he began again to have attacks of intermittent fever with a rapidly developing anæmia, as a result of which he was sent to Marseilles. On May 16th the patient had a chill. There was marked paresis of the right arm and leg, the right arm showing a rhythmical tremor which persisted during effort, and as a result of which he found it difficult to feed himself. The right leg when flexed showed spontaneous epileptoid tremor, with oscillations of great amplitude; general sensation good. The right patellar reflex was greatly exaggerated and accompanied by a clonus. The left was slightly exaggerated; there was ankle clonus on the right side; the plantar reflex absent on the right, increased on the left. There was incontinence of urine. The blood showed malarial parasites, both of the acute cycle and crescentic. (The observer states only that amœboid and crescentic forms were found.—W. S. T.) Under quinine the fever and all the nervous symptoms entirely disappeared. In four days most of the symptoms had yielded. In two weeks the treatment was stopped. In five days the nervous symptoms reappeared, and three days later incontinence of urine. On June 10th there was a febrile paroxysm, and on the following day incontinence of feces. Under treatment by quinine the symptoms again cleared up in a few days, though the incontinence of urine lasted for eight days. Treatment by quinine was stopped after ten days. Four days later the incontinence of urine appeared, and on the following day there was another febrile paroxysm. He was then given a hypodermic injection of 2 grammes of hydrochlorate of quinine, and afterward a gramme a day for eight days, then 0.5 up to July 12th. Three days later fever and incontinence of urine again developed, which yielded once more in a few days to quinine. On July 26th the patient left the hospital feeling well. The authors believe that the nervous phenomena were probably due to the direct irritation of the central nervous system by the parasites in the circulation.

Polymyositis.—LEPINE (*Rev. de méd.*, Paris, 1901, xxi., 426) adds an interesting case to the few instances in literature. The patient was a man, aged fifty-nine years, who entered his clinic on January 24, 1901. He was a cabinetmaker, of good family and personal history, and excellent habits. Eight months before entry he began to suffer from intermittent pains in the head, of moderate intensity, with occasional lancinating pains in the left side, in the mammillary region.

Three months before entry the patient discovered a swelling in the right temporal region, a small, œdematous, slightly tender, but rather hard tumor.